

OPTN/UNOS Transplant Coordinators Committee
Meeting Summary
March 5, 2015
Chicago, IL

Laurie Williams, Chair
Jamie Bucio, Vice Chair

Discussions of the full committee on March 5, 2015 are summarized below and will be reflected in the committee's next report to the OPTN/UNOS Board of Directors. Meeting summaries and reports to the Board are available at <http://optn.transplant.hrsa.gov>.

Committee Projects

1. Proposal to Notify Patients Having an Extended Inactive Status

Based on public comment feedback for the Proposal to Notify Patients Having an Extended Inactive Status, the Committee formed a Patient Notification Work Group. The goal of this Work Group is to develop effective patient notification and waitlist practices articles and educational materials for professionals and patients. The Work Group created a survey that will be used to study real-world practices, timing, and communication related to listing and managing candidates at an inactive status (Status 7) on the waitlist. The survey results will be used to develop effective patient notification and inactive waitlist management practices for the transplant community. The survey was distributed to transplant coordinators on February 20, 2015 and will close on March 13, 2015. The Work Group will review the survey results in April/May and begin to develop interview questions to use for effect practice articles.

Review of Public Comment Proposals

2. Address Requirements Outlined in the HIV Organ Policy Equity Act (Organ Procurement Organization Committee (OPO))

Members of the committee suggested a literature citation list supporting HIV positive transplantation, to assist in an IRB submission, be sent to centers that want to participate in an IRB approved research protocol for HIV positive organs. A member also suggested that an IRB template would be helpful and questioned if NAT testing would be required to run a list. The Committee was informed that the OPTN will not create an IRB template. It will be center's responsibility to make sure they meet the submission/participation requirements based on the final research criteria/ protocol approved for participation. It was also confirmed that NAT testing will be required.

3. Require another match run based on infectious disease test results (Disease Transmission Advisory Committee (DTAC))

The Committee reviewed the proposal and had the following questions and concerns:

- Currently, DonorNet® has no means of notifying the primary or backup centers, nor is there a consistent practice or requirement for OPOs to notify centers of a significant change in donor results that resulted in a match re-run. It was requested that an alert or indicator be added to DonorNet® that would notify the centers of the following: that the match has been re-run, that a change has

occurred, and what that change was. This not only promotes patient safety, but it can also facilitate the reallocation process.

- If an infectious disease test comes back positive, after allocation has started, and the first accepting center still wants to continue knowing the test is positive, is there any reason to re-run the match with the positive test result?
- Should the backup center(s) also be offered this option before re-running a list? A potential recipient could run the risk of not showing up on the match re-run due to donor selection criteria. If that recipient is in a critical state, should they be given the right of first refusal as backups also? Presenter stated that the practice would be to re-execute the list, if new serology results were noted, and backups would be placed off the second list.

4. Clarify Individual Wait Time Transfer Policy and Process (Patient Affairs Committee (PAC))

Members of the Committee had some confusion about calculating waiting time. Education may be required to clarify this for centers.

5. Collect EVLP Data for Transplant Recipients (Thoracic Transplantation Committee)

A committee member suggested the TRR help documentation clearly define “N/A” to make sure individuals completing the form understand the questions related to the process.

6. Modify Sterile Internal Vessels Label (Operations and Safety Committee (OSC))

The Committee agreed that it is important for the vessel labels to indicate the different positive options for HBV testing results.

Other Significant Items

7. Overview and updates of SRTR activities to include:

- Ongoing evaluation – Program Specific Reports (PSRs) and OPO Specific Reports
- Links to PSRs
- PSR data sources
- PSR data review process
- Risk adjustment

8. Regional Updates

Committee regional representatives updated members on regional meeting discussions.

9. TransNetsm Update

The Committee received an update on the ETT/TransNetsm project's progress.

10. Joint Committee Work Group Updates

Living Donor Committee (LDC) and Operations & Safety Committee (OSC) – Transport of Living Donor Organs project – The LDC and OSC were asked to consider if new policies for the transport of living donor organs are needed. Specifically, if standardization for how living donor organs are shipped throughout the country may be required. The number of transported living donor organs is rapidly increasing related to the increase in kidney paired donation. The Work Group used Healthcare Failure Modes

and Effects Analysis (HFMEA) methodology to develop evidence for potential new policy requirements. The Work Group is beginning to address the following HFMEA failure modes that were identified:

- Planning/logistics for the transport of the LD organ finalized.
- LD organ recovered and appropriately packaged and labeled at (OPTN approved LD) organ recovery center
- Packaged and labeled organ prepared to leave LD organ recovery hospital
- Packaged and labeled organ leaves LD organ recovery hospital
- Packaged and labeled organ in transit
- Packaged and labeled organ reaches destination (recipient's transplant hospital)

Patient Affairs Committee (PAC) What Every Patient Needs to Know (WEPNK) Brochure Updates – The TCC decided that the proposal to notify patients having an extended inactive status should not be presented to the Board this past November based off of responses received while out for public comment. Instead, the Committee decided to educate the community and patients about what it means to have an inactive status. One of those educational efforts included partnering with the PAC on revising the waiting list section of WEPNK brochure and adding a section on what it means to be inactive. The brochure will be finalized in March 2015 and does not have to be approved by the Board.

Policy Oversight Committee (POC) – The Committee vice-chair provided a high level overview of the following POC activities:

- Requesting that committees develop projects that increase the number of transplants to align with the strategic goal
- Working to Increase committee project collaboration

11. Liver and Intestine Committee Update

The chair of the Liver and Intestine Committee provided a progress update on redesigning liver distribution. This presentation included background information, progress of three ad hoc subcommittees, and next steps. The Committee is also discussing DonorNet® enhancements and requested volunteers from the TCC to participate in the ad hoc subcommittee calls.

12. OPTN Strategic Plan

A presentation on the 2015-2018 OPTN Strategic Plan was provided. The OPTN/UNOS Executive Committee recently drafted an updated strategic plan that will govern the organization through 2018. Feedback from the transplant community was collected and considered when developing the goals and objectives. In this strategic plan, the goals were clarified, prioritized, and the allocation of resources to achieve each goal was redistributed. The draft strategic plan will be available for public comment in April and submitted for Board approval in June 2015.

While the Committee agreed the goal to increase the number of transplants should be first priority, it was unsure of specific projects the TCC will be able to bring forward for this goal. There was also some concern that if the Committee submitted new projects did not achieve this specific goal, those projects would not be approved.

13. New Committee Project Discussion

The Committee discussed the challenges of DonorNet® regarding efficient organ placement. The most common concerns expressed were the misuse of the “provisional

yes”, need for effective practices from both transplant coordinators and OPO coordinators, better communication between OPO and transplant center, not being able to upload images to DonorNet®, and not being able to access DonorNet® on all mobile devices. In efforts to begin addressing these concerns, the Committee requested that UNOS IT present its plans for DonorNet® enhancements during one of its monthly meetings and the TCC will assign two representatives that will work with the Liver and Intestine Committee on its Ad Hoc Subcommittee on Increasing Liver Donation and Utilization. Members also agreed there needs to be a UNOS driven, in-person, brainstorming effort to discuss these issues.

Upcoming Meeting

- May 20, 2015 via web conference.